• ••	PATE	NT APPLICATION F Subalitude 1	EE DETERMIN OX FORM PTO-175	ATION R Eflective	Petert en effection of ECORE December	Tredement Or Information unit	Apple	PARTM DEPARTM	1905. OLEB 061-0 ENT OF COLLER OMB controllund chall Number
	APPLICATION AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY			OTHER THAN		
	BASIC FEE 137 OFR 1.16(a), (6), or (c))	HUMBER FLED WA	NUMBER EXTRA	4	rate (1)			RATE	ALL ENTITY
	SEARCH FEE (3) CFB 1 16/H; (1, or (m)) EXMINATION FEE	NKA	NIA.	-	N/A N/A	150.00 \$260		, NÁ	300.00
	(37 CFR 1.16(q), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(1))	. NA	1 N/A	コヒ	N/A	\$100	. F	N/A N/A	\$600
	INDEPENDENT CLAIMS	minus 3 e	•	-	25 .	·	.OR	X\$50	\$200
	APPLICATION SIZE FEE (37 CFR 1.16(e))	If the specification and districts of paper, the app is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41 (a)(1)(0) and	ncation size fee due nithy) for each action thereof. See		X100 .			X200	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(3)) If the difference in polume 1 is less than zero, enter to in column 2. APPLICATION AS AMENDED — PART II			J [BO=		Ŀ	*360* TOTAL	
AMENDACION	COLUMN 1) (COLUMN 2) (4 -	=	ADDI- ROKAL REE (1)	X\$5	4TE (f)	AOOL- TIONAL FEER
	11700 poolum	n 1)		TOTAL ADDL		OR OR	+36 TOTA ADDI		
AMENDMENT 8	Total programmer of independent	Minug Highes Humbe PREVIOUS PAID FO	R PRESENT	RATE		EE (1) COLAT POOL:	RAT	Ε(1)	ADDI- TIONAL FEE (T)
	Application She Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.160)			X100	=	OR OR	X\$50 X200		
41	if the entry in column 1 is fer If the "Highest Hamber Previ	+180= TOTAL ADD'L FEE	· I	OR OR	+360 TOTAL ADD'L FI				
000	he Tighesi Number Previo	outy Paid For IN THIS SPAC	ts less than 20, onler on less that the highest m	લાઇએ (બાર્ગ ત્રી ^ત લ ત્રઉ _ત ે	la the				

This eduction of Information is required by 91 CFR 1.16. The information is required to obtain in refuling a benefit by the public which is to like (and by the nothing galaction, Confidentially the povement by 25 U.S.C. 122 and 31 CFR 1.14. This collection is estimated to take 12 minutes to completed application to make amount of time you require to complete glib form and/or suppositions for reducing this burden, strongly the properties of completed of the completed glib form and/or suppositions for reducing this burden, strongly to the chief information of time you. Department of Commerce, P.C. Box 1450, Alexandria, VA 22113-1450. DO NOT SEHO FEES OR COUPLETED FORMS TO THIS

If you need esquance in completing the form, cell 1-890 \$70-9199 and select option 2